

PART B - FEE(S) TRANSMITTAL

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09/06/2007

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John P. White
 Cooper & Dunham LLP
 1185 Avenue of the Americas
 New York, NY 10036



Certificate of Mailing or Transmission

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John P. White	(Depositor's name)
<i>[Signature]</i>	(Signature)
December 6, 2007	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/702,203	11/06/2003	Jingyue Ju	0575/62239-BZ/JPW/AJM/BJA	7101

TITLE OF INVENTION: MASSIVE PARALLEL METHOD FOR DECODING DNA AND RNA

12/11/2007 EHAILE2 00000013 10702203

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREPAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700 - \$720	\$300	\$0	\$1020	12/06/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS	DATE
RILEY, JEZIA	1637	536-023100	12/12/2007 NNGUYEN2 00000036 033125 10702203

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

- 1 John P. White
- 2 Cooper & Dunham LLP
- 3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

THE TRUSTEES OF COLUMBIA UNIVERSITY
 IN THE CITY OF NEW YORK

New York, New York

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee
- ☒ Publication Fee (No small entity discount permitted)
- ☒ Advance Order - # of Copies Five (5)

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- ☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 03-3125 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☒ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date December 6, 2007

Typed or printed name

John P. White

Registration No. 28,678

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